

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000125461

FILED
Dec 17, 2009
Secretary of State

Entity Name: ASSISTING HANDS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

1802 N ALAFAYA TRAIL
SUITE 112
ORLANDO, FL 32826 US

New Principal Place of Business:

1858 N ALAFAYA TRAIL,
100C
ORLANDO, FL 32826 US

Current Mailing Address:

1802 N ALAFAYA TRAIL
SUITE 112
ORLANDO, FL 32826 US

New Mailing Address:

101 LANTERN VIEW
PEACHTREE CITY, GA 30269 US

FEI Number: 26-1199796 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TAWAN ACCOUNTING & TAX, LLC
13000 AVALON LAKE DRIVE
SUITE 207
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

GOEDTKE, CHRISTINE J SEC
1858 N ALAFAYA TRAIL
100C
ORLANDO, FL 32826 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTINE J GOEDTKE

12/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JNCC GROUP, INC
Address: 9825 MARSH POINTE DRIVE
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JNCC GROUP, INC
Address: 101 LANTERN VIEW
City-St-Zip: PEACHTREE CITY, GA 30269 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTINE J GOEDTKE

SEC

12/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date